Freedom's Frontier

P.O. Box 210044 Anchorage, AK 99521 RECEIVED
2013 AUG -7 PM 4: 43

FEC MAIL CENTER

July 30, 2013

Federal Election Commission 999 E Street, NW Washington, DC 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Stephen Wackowski

Treasurer

STATEMENT OF

2013 AUG -7 PM 4-143
FEC MAIL CENTER

FEC FORM 1	1 ORGANIZATION		PEC MAIL CENTE			
						Office Use Only
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		nple:If typing, type the lines.	12FE4M5	
Freedom	's Fro	ontier			<u> </u>	
		<u> </u>	1 1 1 1			
ADDRESS (number a	nd street)	P.O. Box 2	21004	14		
(Check if a		Anchorage	2		AK	99521
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only or info@free		dress) G -frontier.o	rg	
COMMITTEE'S WEB	address	oress (URL) Ifreedoms-	fronți	er.org		
2. DATE 0	7 / 30	2013				
3. FEC IDENTIFIC	CATION NU					
4. IS THIS STATE	MENT X	NEW (N) OF		AMENDED (A)		
I certify that I have		Stephen			is true, correc	t and complete.
Signature of Treasur	er	MM		-	Date 0	7 30 2013
NOTE: Submission of		ous, or incomplete informa	•			the penalties of 2 U.S.C. §437g.
Office Use Only				For further Information of Federal Election Commissing Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	FEC For	rm 1 (Revised 02/2009) Page 2	•						
	TYPE OF C	OMMITTEE							
	Candidate	e Committee:							
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)							
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	Name of Candidate								
	Candidate Party Affillation	Office Sought: House Senate President District	Section of the section						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate		_						
	Party Com	mittee:	_						
	(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party	I.						
•	Political A	ction Committee (PAC):	_						
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a							
		Corporation Corporation w/o Capital Stock Labor Organization							
		Membership Organization Trade Association Coopenitive							
		In addition, this committee is a Lobbyist/Registrant PAC.							
	(f) 🔀	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party	,						
		committee. (i.e., noncommetted committee)							
		In addition, this committee is a Lobbyist/Registrant PAC.							
_	.,	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
,	Joint Fund	raising Representative:							
ı	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.							
((h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.							
	Com	mittees Participating in Joint Fundraiser							
			1000						
	1.		, Š.						
	2.	FEC ID number C	ALL MANAGES						
	3.	FEC ID number C	. (4)						
		The region of th							

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FEC Form 1 (Revi		Page 3
Write or Type Committee		
Freedom's F	-rontier	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
None		1111111
		
		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
7. Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name Ste	ephen Wackowski	-h-
Mailing Address	P.O. Box 210044	
	Anchorage Anchorage AK 1995	21
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 650 - 2	275 -[361,8]
8. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and the ne.g., assistant treasurer).	ame and address of
Full Name of Treasurer	ephen Wackowski	
Mailing Address	P.O. Box 210044	
	Anchorage AK 995	21 zip code
Title or Position	Telephone number [650] - [2	275 -[3618,

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE	ZIP CODE				
Title or Position						
	Telephone number					
·						
safety deposit bo	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Northrim Bank					
Mailing Address	P.O. Box 241489					
	Anchorage AK	99524]-[
	CITY STATE	ZIP CODE				
Name of Bank, D	Depository, etc.					
	1	1				
Mailing Address						
		<u> </u>				
	CITY STATE	ZIP CODE				

(7/2013)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping, Date Overnight Delivery Service (Specify): Fed Ex Ground Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED